

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).)		Docket Number (Optional) ST04002USU(244-US-U1)	
Application Number 10/762,852		Filed January 22, 2004	
Dynamic Memory Allocation and Sharing in Electronic Systems			
Art Unit 2188		Examiner Walter, Craig E.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$85	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$480	\$245	\$ 490.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
Refund Ref: 07/16/2009 0030072287		Credit Card Refund Total: \$490.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. XXXXXXXXXXXX1041			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2542 Adjustment date: 07/16/2009 CKHLOK			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. -490.00 OP			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 42,227			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
Signature Jeffrey C. Wilk		Date June 2, 2009	
Typed or printed name		Telephone Number (818) 488-8148	

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. An comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>07/08/09</u>		2 Serial/Patent # <u>10/762,852</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time 1252 & 1252		<u>6/4/09</u> 01/22/09	\$ 980.00								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <i>Credit Card</i> </div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			7 TOTAL AMOUNT OF REFUND									
			\$ 980.00									
8 TO BE REFUNDED BY:												
10 REASON:		Treasury Check										
Overpayment		Credit Deposit A/C #:										
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):											
The extension of time period is over, no extension fee is due.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Irvin Dingle</u>		TITLE: <u>Paralegal</u>										
SIGNATURE: <u><i>Irvin Dingle</i></u>		PHONE: <u>2-3210</u>										
OFFICE: <u>Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u><i>CKH/KX</i></u>		DATE: <u>7/16/09</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: